

Case Number:	CM15-0140522		
Date Assigned:	07/30/2015	Date of Injury:	12/27/2009
Decision Date:	08/27/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 34 year old female, who sustained an industrial injury on 12-27-2009. She reported pain in her neck and her left wrist after falling. Diagnoses have included cervical spine strain with moderate to severe myofascial strain, thoracic myofascial strain, lumbar spine strain and status post C5-C6 anterior disc replacement and anterior fusion at C6-C7. Treatment to date has included physical therapy, chiropractic treatment, acupuncture, cortisone injections and a nerve root block. According to the progress report dated 5/13/2015, the injured worker complained of intermittent, moderate neck pain. She reported that Butrans patches were greatly relieving her neck pain and she was sleeping better. Exam of the cervical spine revealed tenderness to palpation. There was decreased sensation at the left C5 dermatome. Exam of the left shoulder revealed mild tenderness to palpation and slightly restricted range of motion. Authorization was requested for an iceless cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TEC system iceless cold therapy unit with deep vein thrombosis a cervical: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-74. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter/Cold packs Section.

Decision rationale: Per manufacturer information the TEC iceless cold system delivers cold compression therapy solution in one easily transportable device. Solid-state technology eliminates the need for ice, offers precise temperature control for preventing tissue damage and delivers exceptional reliability. Per the MTUS guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Per the ODG, cold packs are recommended for neck pain. Insufficient testing exists to determine the effectiveness (if any) of heat/cold applications in treating mechanical neck disorders, though due to the relative ease and lack of adverse affects, local applications of cold packs may be applied during first few days of symptoms followed by applications of heat packs to suit patient. In this case, the injured worker complained of intermittent, moderate neck pain. Diagnoses have included cervical spine strain with moderate to severe myofascial strain, thoracic myofascial strain, lumbar spine strain and status post C5-C6 anterior disc replacement and anterior fusion at C6-C7. Although a trial with cold therapy is warranted, there is no indication that compression is needed in this case. Additionally, a name-brand device is not needed when the injured worker can simply apply ice packs at home. The request for TEC system iceless cold therapy unit with deep vein thrombosis a cervical is determined to not be medically necessary.